

No. C 120713	Due no later than Aug 31, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ALL VALLEY HOME HEALTH CARE, INC. GLEN AMADOR 7456 W STATE BOISE, ID 83703		GLEN AMADOR 7456 W STATE BOISE, ID 83703 3. New Registered Agent Signature																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Glen Amador</td> <td>7456 W. State St.</td> <td>Boise,</td> <td>ID</td> <td>83703</td> </tr> <tr> <td>Secretary</td> <td>Tiffany Amador</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Glen Amador	7456 W. State St.	Boise,	ID	83703	Secretary	Tiffany Amador	"	"	"	"
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																	
President	Glen Amador	7456 W. State St.	Boise,	ID	83703																	
Secretary	Tiffany Amador	"	"	"	"																	
5. Organized Under the Laws of: IDAHO C 120713		6. Signature <u>Natalie Burrell</u> Name (Typed or Printed) <u>Natalie Burrell</u>			Date <u>7/11/01</u> Title <u>Bookkeeper</u>																	